


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-31-2006 90018 014 ****70.00

DOCUMENT # N02000009941					
1. Entity Name SOLID ROCK FAMILY CHRISTIAN CENTER, INC.					
Principal Place of Business 1780 N. JEFFERSON STREET PERRY, FL 32348 US			Mailing Address 1780 N. JEFFERSON STREET PERRY, FL 32348 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1566615	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CALHOUN, JAMES SR. 184 MYRTLE STREET PERRY, FL 32348				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	CALHOUN, JAMES SR.				
STREET ADDRESS	184 MYRTLE STREET				
CITY - ST - ZIP	PERRY, FL 32348				
TITLE	S	<input type="checkbox"/> Delete			
NAME	BULLARD, SUSETTE				
STREET ADDRESS	184 MYRTLE STREET				
CITY - ST - ZIP	PERRY, FL 32348				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	CALHOUN, RUSA				
STREET ADDRESS	184 MYRTLE STREET				
CITY - ST - ZIP	PERRY, FL 32348				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	CALHOUN, RUSA				
STREET ADDRESS	184 MYRTLE STREET				
CITY - ST - ZIP	PERRY, FL 32348				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	Suzette Bullard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	184 Myrtle Street				
STREET ADDRESS	Perry FL 32348				
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James L Calhoun</u> <u>4/6/06</u> <u>850-8383908</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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